

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101593845

FILING DATE

9-21-6

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		1				
7		1				
8		3				
9	3	2				
10	2	2				
11	2	①				
12	1	2				
13		1				
14		2				
15		2				
16	2	2				
17	2	2				
18	2	2				
19	2	2				
20	1	1				
21		2				
22		1				
23		2				
24		1				
25	1					
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27	1					
28		1				
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49						
50						
TOTAL IND.	2	↓	→	↓		↓
TOTAL DEP.	38	←	→	←		←
TOTAL CLAIMS	40		→			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
55			1	1		
56				1		
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98						
99						
100						
TOTAL IND.		↓		2	↓	
TOTAL DEP.		←		26	←	
TOTAL CLAIMS				28		